

PRINTER RUSH

(PTO ASSISTANCE)

Application : 10/801521

Examiner : Smith, J

GAU : 2881

From: [Signature]

Location: IDC FMF FDC

Date: 06-10-05

Tracking #: 06108114

Week Date: 05-23-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>03-12-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Improper Dependency: Original claim 6 depends upon canceled original claim 5. Please resolve.

Thank you,
[Signature]

[XRUSH] RESPONSE: Corrected in Examiners Amendment

INITIALS: [Signature]

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04